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the reason for including each article that is included on the toilet tray. She shows them how to make the swabs and boric solution for the mother's and baby's needs, in short, every detail in the daily care of the baby is gone over. The next week the same group of mothers returns, and the mothers demonstrate to the nurse. They actually dress and undress a baby, explain how to make a boric solution, how to prepare sterile water, how to give it to the baby, etc. Many of the mothers return several weeks in succession, and many a mother returns with her three weeks' old baby to make sure she has not forgotten any of the points which the nurse tried to teach her before the baby came.

Most of the mothers who come to these demonstrations are primiparae, and are eager to get all of the information they can from these two demonstrations. To avoid confusion in the minds of the mothers, a uniform method for this teaching has been adopted by all nurses who teach mothers the care of babies.

All agencies doing this district pre-natal nursing have adopted a uniform standard of work, a uniform routine, and are using the same tabulated record form. Each nurse keeps her own record of every patient she sees, takes it into the home with her and passes it on, when she transfers the patient to another organization. A duplicate record is filed in a Central Record Office, kept up to date by the daily reports the nurses send to that office. The nurses of several coöperating agencies also send daily reports of their work to this central record office. Still other organizations do not send the daily reports, but send the finished record after the case is closed; thus providing for study of as great a number of uniform records as possible.

This Central Record Office is also a clearing house for maternity work, and prevents duplication.

THE NURSE AND HER RELATION TO PULMONARY TUBERCULOSIS

By M. P.

The war has brought with increasing significance to the nurse, as to the whole world, the problem of tuberculosis. What are we going to do about it? How are nurses, to whom the whole country looks as an important factor in this great problem, going to help?

How inadequate is our preparation for efficient service in this particular field. With the exception of those few who have had

special training in tuberculosis institutions, how little the average graduate nurse knows about the disease and its treatment. A few pages in a text book and a lecture or two from our instructor comprise our theoretical training, and for practical experience, we have the few cases that because of complications manage to get into our wards. Often it is with a feeling of relief that we see them go. How many nurses know that, although tuberculosis develops usually between the ages of eighteen and thirty, the infection in the great majority of cases is acquired during childhood; that if the nurse has properly instructed her patient, and if she herself observes ordinary precaution, there is less danger of contracting tuberculosis than almost any other infectious disease?

A wholesome fear of tuberculosis, as of any other disease, is necessary to successfully combat it. But for the unreasoning, unenlightened fear that is prevalent not only among the laity, we must substitute an understanding of when and why to be afraid.

It is the popular belief that a tuberculous person is a constant source of infection to his associates. This is not true. A diagnosis of tuberculosis is not dependent upon laboratory findings. In fact, the bacilli are hardly ever excreted during the first stages of development. The terms incipient and advanced are applied to the extent of involvement, rather than to the duration of the disease, but even an advanced case whose sputum is full of bacilli, need not be isolated from the family except to have a separate bed, if he is educated to take the following precautions: Tightly cover the mouth and nose when coughing or sneezing, with an old cloth that can be burned; all expectoration must be placed in a receptacle that can be burned, and also anything having come in contact with the mouth, such as fruit stones or tooth picks. A separate bowl should be used for washing, and the teeth must not be cleaned over the family bowl, or in the bath tub, but over the closet seat. The tubercle bacilli are killed at 140°F. so the dishes need not be kept separate, if washed with hot soap suds and rinsed with plenty of boiling—not merely hot—water. However, if there is any doubt as to the thoroughness of the dishwashing process, the dishes should be kept separate. Of course one having positive sputum should never indulge in kissing, or in handling children. The above applies to the conscientious, properly instructed patient. The careless or ignorant patient with bacilli in the sputum is a real menace to his associates.

I believe that many graduate nurses have no idea of the modern treatment of tuberculosis, and the doctors fail to explain the meaning in each particular case of rest, food, and fresh air, the three cardinal principles in the treatment of tuberculosis. The busy

farmer may interpret rest as simply a change of activities. Jaunting over the country in the new Ford, to him, may mean rest and fresh air; while the institutional nurse, given the same prescription, will perhaps go to her home on the farm where she will make flower gardens or take daily tramps into the woods.

The rest treatment of tuberculosis is quite different from the above conceptions, but to understand more fully its importance in the early stages of the disease, an understanding of the tissue changes that take place in the healing process is necessary. The body possesses the power to defend itself against its enemies; our tissues react to irritation forming a more or less complete resistance. The hard, horny hands of a farmer are a result of the body's effort to protect the hands from injury, as is also the increased leukocytosis in certain infections. The same protective effort takes place in the lungs in the presence of tubercle bacilli. Wherever the spot of infection occurs throughout the lung, the tissues begin to throw leukocytes around the bacilli to wall it off; the resulting change in the lung, this tiny protuberance, is called a tubercle. The germs that are being imprisoned are constantly attempting to escape by poisoning the wall or by embedding themselves in a cell and passing through the wall; this frequently happens but when "the body is gaining the ascendancy, lime salts (calcium) are deposited in the tubercle and form, so to speak, its gravestone." Brown.

(To be continued)

EXIT—ALCOHOLIC WARDS

BY ERNEST F. HOYER

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American Red Cross*

Now that John Barleycorn is dying a lingering but sure death, we can bid good-bye, I hope forever, to the many alcoholic wards scattered all over the dear old U. S. A. One of the most famous, that has been used as background both in fiction as well as on the stage (I do not remember ever having seen it filmed) was Ward 30 in Bellevue Hospital, New York City, and we hear the gratifying news that gradually the floating population of Ward 30 is forcing itself towards the final climax, i. e., the turning over of the space to more congenial, less gruesome purposes.